

Behavioral Health: New webpage and insourcing occurs Nov. 1

All products

We're pleased to announce the launch of a new integrated behavioral health webpage to better serve providers.

[Visit our new page on the Point32Health website today](#) to access content just for behavioral health providers including:

- A [Harvard Pilgrim Health Care Quick Reference Guide](#) with handy tips on recognizing members and verifying eligibility, submitting claims, requesting authorizations, accessing e-tools, and more.
- Resource section with quick links to the materials you reference most, including payment policies, medical necessity guidelines, claims information, secure portals and user guides, and more.
- Recommended articles from our monthly newsletter
- Links to access trainings, join the network and program information

We hope that you find our new behavioral health page helpful and easy to use and look forward to hearing your feedback.



Behavioral health insourcing for Harvard Pilgrim

We have now integrated and insourced our behavioral health program. As a reminder, this change impacts Harvard Pilgrim Health Care commercial members only — as they transition from using Optum/United Behavioral Health services to this new insourced model. For these members, providers in our service area should work directly with Harvard Pilgrim for behavioral health services, including obtaining prior authorizations, submitting claims, coordinating with care managers, and contacting the Harvard Pilgrim Provider Service Center (800-708-4414) with questions.

Optum will continue to provide behavioral health services for Harvard Pilgrim Health Care's Medicare Advantage StrideSM (HMO)/(HMO-POS) plan in New Hampshire through Dec. 31, 2024. For StrideSM members, please continue to work directly with Optum as you do today.

Please keep the following in mind as you work to provide outstanding behavioral health care to these members.

Getting started reminders

Be sure to [sign up for one of our interactive training sessions](#) to learn more about working with Harvard Pilgrim Health Care, register for [HPHConnect](#) to conduct transactions quickly and easily, sign up for [electronic funds transfer](#) for electronic payment, and register to have this newsletter, Insights and Updates for Providers, [delivered straight to your inbox](#). For more details, please refer to the [October 2023](#) article and the [Quick Reference Guide](#).

Where to submit claims

Harvard Pilgrim contracted providers should begin billing Harvard Pilgrim for behavioral health services provided to commercial members for dates of service beginning Nov. 1, 2023. If, however, a commercial member is admitted on an acute inpatient unit prior to the Nov. 1, 2023 insourcing date and stays hospitalized until or beyond Nov. 1, 2023,

the provider will continue to work with Optum for utilization management and should bill Optum for payment of the full inpatient admission episode.

We encourage electronic submission of claims through EDI channels or HPHConnect for ease, speed, and efficiency. Harvard Pilgrim's electronic payer ID number: 04271.

The paper claims mailing address is: Harvard Pilgrim Health Care, P.O. Box 699183, Quincy, MA 02269-9183.

Prior authorization requests

When insourcing occurs on Nov. 1, 2023, open authorizations obtained from Optum/UBH will be honored through their expiration date. For new prior authorization requests, we encourage the use of [HPHConnect](#). If documentation is needed, please remember to attach it at the time of submitting your prior authorization request in HPHConnect. You may also fax authorization requests to 800-232-0816 or call the Provider Service Center at 800-708-4414.

Contracting and continuity of care

We are committed to ensuring that patients receive uninterrupted care from their existing behavioral health providers.

The best way to ensure you can continue to care for your Harvard Pilgrim commercial members is to contract directly with Harvard Pilgrim Health Care. To contract with Harvard Pilgrim Health Care, contact AHCBehavioralHealth@point32health.org.

Until further notice, as a transitional measure, providers who participate in the UnitedHealthcare network will continue to be eligible to provide services to these Harvard Pilgrim members and will be considered in-network providers. As noted above, Harvard Pilgrim Health Care policies apply as of Nov. 1, 2023, and claims should be submitted directly to Harvard Pilgrim Health Care.

Providers contracted with Harvard Pilgrim will receive our rates, while non-contracted providers who are part of the UnitedHealthcare network will be paid at UnitedHealthcare rates. ▲

You're invited to a claims consultation in Connecticut!

All products

As we announced in last month's issue of Insights and Updates for Providers, Point32Health is pleased to be continuing our claims consultation series with an upcoming event in Connecticut!

The event will be held on **Wednesday, Nov. 8 from 10 a.m.– 2 p.m.** at the CarePartners of Connecticut Headquarters, 55 Capital Boulevard, Suite 101, Rocky Hill, CT 06067.

To reserve your space, please complete a [claims consultation registration form](#) and submit it by email to Claims_Consultations@Point32Health.org by **Monday, Nov. 6**.

You'll have the opportunity to meet with our Provider Relations team, who will be available as a resource to support you by answering questions you may have about claims — from submission, to adjudication, to processing, and more.

Appointments will be scheduled in 30-minute increments, and refreshments and Wi-Fi access will be available.

Please note that you should continue to submit corrected claims and provider payment disputes per your normal process, and claims should not be held until your consultation. Paper claims should not be brought to these consultation appointments. ▲

Join a November training

All products

Whether you want information on referrals and prior authorizations or need help in navigating the provider portals, Point32Health has got you covered. Our webinars guide you in working together efficiently to ease your administrative burden. Sign up for one of the following November sessions!

Point32Health

- Navigating the Provider Websites: [Thursday, Nov. 9 from 11 a.m.–noon ET](#)
- Referral, Authorization, and Notification Overview: [Thursday, Nov. 2 from 11 a.m.–noon ET](#)

Behavioral health trainings

We're offering a variety of behavioral health sessions in November.

In-person behavioral health insourcing training:

- Monday, Nov. 13, 11:30 a.m.–1 p.m. Register by Nov. 6 via email to provider_education@point32health.org

Tools and Resources for Behavioral Health Providers webinars:

- [Monday, Nov. 6 from 4–5 p.m. ET](#)
- [Friday, Nov. 17 from noon–1 p.m. ET](#)
- [Tuesday, Nov. 21 from 10–11 a.m. ET](#)
- [Wednesday, Nov. 29 from 2–3 p.m. ET](#)

Office Managers Meetings

- **Harvard Pilgrim Health Care:** [Wednesday, Nov. 8 from 10:30–11:30 a.m. ET](#)
- **Tufts Health Plan Behavioral Health:** [Wednesday, Nov. 15 from 10:30–11:30 a.m. ET](#)



Updates on Rhode Island for 2024

Harvard Pilgrim Health Care Commercial

As we communicated last month, starting in January of 2024, we will begin transitioning Tufts Health Plan Rhode Island commercial members to Harvard Pilgrim Health Care commercial products—which include HMO, PPO, and national plans. Along with this transition, we are pleased to share the following additional member benefit and announce the new large group plan that will be available Jan. 1, 2024.

Coverage for doula services

In accordance with R.I. S0484A, antepartum and postpartum services performed by a doula birth worker through a contracted doula agency will each be covered for up to 2 visits per pregnancy—with postpartum visits covered for up to 12 months after delivery—for all Harvard Pilgrim Health Care commercial members. Doula support during labor and delivery will also be a covered benefit. Please refer to the [Obstetrical/Maternity Payment Policy](#) for details and use the following codes when billing for perinatal doula services:

- T1032 – antepartum services and postpartum services (per 15 minutes)
- T1033 – labor and delivery support services (per diem)

Ocean State Access America

Effective Jan. 1, 2024, Harvard Pilgrim Health Care will offer the new Ocean State Access America product to large fully and self-insured multi-state employers based in Rhode Island. Ocean State Access America is a national plan designed for groups with a workforce of 150 or more eligible employees, that includes employees based outside of Massachusetts, Maine, New Hampshire, and Rhode Island.

Tufts Health Plan Rhode Island large groups currently participating in the CareLink PPO plan—which is being retired—will migrate to Ocean State Access America. More information about Ocean State Access America and other Harvard Pilgrim offerings is available on the [Learn About Our Products](#) page of the provider website.

You can recognize members of Ocean State Access America by their ID card which can be seen in the sample image below.



Commercial migration reminders

As we work toward offering a more unified commercial product portfolio, please keep in mind:

- Migration is expected to continue throughout 2025 and will occur on a rolling basis, dependent upon the employer account renewal date.
- While most providers in the Tufts Health Plan network are enrolled in the Harvard Pilgrim network, if a migrating member is in active care with a provider who does not yet participate in Harvard Pilgrim's network, our continuity of care plans are in place to ensure that Rhode Island members can continue to see their providers for 365 days.
- Every new and migrating member, in addition to those making plan changes, will receive a Harvard Pilgrim member ID card which displays copayments and deductible information. We are reminding all members to present their cards when seeking care or treatment and encourage providers to verify benefits before rendering services.
- You can check benefits and eligibility, submit authorization requests, submit claims and check status, and more using [HPHConnect](#).
- Rhode Island Medicare and Medicaid products will continue to be offered under the Tufts Health Plan brand.
- You can keep up to date on commercial migration by referring to [Point32Health's Integration FAQ](#).

Contracting

In preparation for commercial migration, we are continuing to expand our Harvard Pilgrim network of providers in Rhode Island. If you are a participating Tufts Health Plan Rhode Island provider who received an Amendment by Notice to your Health Services Agreement to enable you to participate in Harvard Pilgrim Health Care products, please complete the [W-9 form](#) and [HCAS Provider Enrollment form](#), and return both to AncillaryNetworkContracting@point32health.org. ▲

SNF submission of SC-1 form for MassHealth members

Tufts Health Unify

Skilled nursing facilities are required by MassHealth to submit a Status Change Form (SC-1 form) to MassHealth when One Care members are admitted and discharged, as well as to complete the form when a member's stay extends beyond 6 months. This information allows health plans to effectively plan for the member's future care needs.

Effective for dates of service beginning Dec. 1, 2023, failure to submit the SC-1 within 120 days of the member's admission will result in claims for the services rendered to the member being pended and failure to submit the form to MassHealth within 150 days may result in the denial of claims.

To assist SNFs in meeting this requirement, Tufts Health Plan will notify a SNF if MassHealth reports that an SC-1 form has not yet been submitted and a Unify member has been at the SNF for 90 days or more.

We will release any claims that have been pended for adjudication upon confirmation that the SC-1 has been submitted to MassHealth within the deadline and receipt of a copy of the completed SC-1. Please send the completed copy to Tufts Health Plan by email to THP_One_Care_SC-1_Submission@point32health.org or FAX at 857-304-6078.

SNFs should refer to the MassHealth website, as well as the Tufts Health Plan [Skilled Nursing Facility Payment Policy](#), for additional information. ▲

New HEDIS® tip sheets for WCV and FUA measures

All products

We've developed additional HEDIS® tip sheets to help practices identify opportunities to improve patient care. Our most recent HEDIS tip sheets cover the Child and Adolescent Well-Care Visits (WCV) ([Harvard Pilgrim](#), [Tufts Health Plan](#)) and Follow Up After Emergency Department Visit for Substance Use (FUA) ([Harvard Pilgrim](#), [Tufts Health Plan](#)) measures.

The best practices highlighted in these tip sheets are intended to support you by helping to ensure that the data reported accurately reflects your practice's performance on key HEDIS measures.

For the full collection of tip sheets that Point32Health currently makes available to providers, you can refer to the HEDIS tip sheet pages on our [Harvard Pilgrim](#) and [Tufts Health Plan](#) provider websites.

Look to future issues of Insights and Updates for Providers for more updates as we continue to develop new tip sheets!

HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA). ▲

Reminder on COVID-19 coverage

All products

With the release of the COVID-19 booster this fall, Point32Health would like to remind providers of the following COVID-19 coverage:

- **COVID-19 vaccines:** Point32Health reimburses providers for the administration of COVID-19 vaccines and associated services. In-network COVID-19 vaccines will remain covered at no cost to our members. We follow federal and state guidance related to out-of-network member cost shares for these services.
- **COVID-19 testing:** Point32Health covers in-person polymerase chain reaction (PCR), antigen and antibody laboratory testing for COVID-19 consistent with federal and state guidance. Testing for COVID-19 infection is covered when ordered or referred by a physician or appropriately licensed health care provider, or in accordance with state regulatory guidelines. Members are encouraged to use participating providers/laboratories for all COVID-19 testing. We encourage providers to remind members that every U.S. household

can once again receive four free COVID-19 rapid tests mailed to their home through a program from the Department of Health and Human Services.

- **COVID-19 treatment:** Treatments and services ordered by a provider, including Paxlovid, are covered. We follow federal guidelines regarding approved treatments, and state guidance related to cost shares for these services.

For more information, please refer to our [COVID-19 page for providers](#). ▲

Expanding our kidney health management program

Fully Insured Commercial Products | Tufts Health Direct

Point32Health collaborates with Monogram Health for in-home chronic kidney disease (CKD) stages 3b-5 and end-stage renal disease (ESRD) provider and care management services. We are pleased to announce that we are expanding this program, which is currently available to our fully insured commercial members, to include Tufts Health Direct members as of Jan. 1, 2024.

Monogram Health is a leading value-based provider of in-home nephrology, primary care, and benefit management services for individuals with CKD and ESRD. As the management of CKD often results in poor outcomes and high costs, our collaboration focuses on identifying and addressing CKD earlier by leveraging analytics, multidisciplinary medical management, and industry expertise.

To learn more about our kidney health management program, please refer to this [FAQ](#). Monogram Health will also be hosting several webinars to provide an overview of the program. To register, click the session of your choice:

- [Wednesday, November 8 from noon-12:30 p.m.](#)
- [Tuesday, November 28 from 4:30-5 p.m.](#)
- [Wednesday, December 6 from 4:30-5 p.m.](#)
- [Tuesday, December 12 from noon-12:30 p.m.](#)
- [Tuesday, January 16 from noon-12:30 p.m.](#)
- [Wednesday, January 31 from 4:30-5 p.m.](#) ▲

Tufts Health Direct outpatient cost sharing updates

Tufts Health Direct

Effective Jan. 1, 2024, the following outpatient cost share updates will apply to Tufts Health Direct members:

- **Outpatient day surgery and medical outpatient visits:** In addition to ambulatory surgical locations (place of service [POS] 24), member cost sharing will apply to outpatient surgery at off campus (POS 19) and on campus (POS 22) outpatient hospital locations. Appropriate member cost sharing will also apply to office locations (POS 11) for applicable surgical services.
- **Outpatient tests and diagnostic services:** Member cost share will apply to the following:
 - Outpatient tests
 - Non-lab, non-radiology diagnostics
 - Lab and pathology services, including:
 - Gastroenterology services
 - Cardiovascular services
 - Stress tests
 - Select pulmonary services
 - Select hearing services
 - Select speech services ▲

Point32Health Medicare products: 2024 benefit changes

Point32Health Medicare Advantage/Senior Products

As the annual election period for Medicare Advantage is underway, we want to update you on 2024 benefit changes related to our various Harvard Pilgrim Health Care and Tufts Health Plan Medicare Advantage/Senior Products plans, which are effective for dates of service beginning Jan. 1, 2024, upon each plan's effective or renewal date.

For 2024 benefit update information for these plans, please refer to the applicable document below:

- [StrideSM \(HMO\)/\(HMO-POS\) Medicare Advantage 2024 benefit changes](#)
- [Tufts Medicare Preferred HMO/PPO 2024 benefit changes](#)
- [Tufts Health Plan Senior Care Options 2024 benefit changes](#) ▲

MassHealth nursing facility rate add-on codes

Tufts Health Plan Senior Care Options | Tufts Health Unify

In support of billing and reimbursement guidance from MassHealth, we will now reimburse the following nursing facility rate HCPCS add-on codes, when appropriate, for Medicaid-covered inpatient admissions for Tufts Health Plan Senior Care Options and Tufts Health Unify ([soon to be Tufts Health One Care](#)) members:

- S0311 – Homeless add-on – facility specific
- S0315 – Enhanced Temporary Resident add-on
- S0316 – Temporary Resident add-on
- S0317 – Transitional add-on
- S0340 – Behavioral add-on
- S0341 – SUD add-on
- S0342 – Tracheostomy add-on
- S0353 – Den Dialysis Service fee add-on
- S0354 – Den Dialysis – MH FFS Treatment add-on

This coverage will be effective retroactively to Jan. 1, 2023.

Submitting claims from Nov. 1, 2023 forward

For dates of service beginning Nov. 1, 2023, you may now submit these add-on codes for reimbursement, when applicable and in accordance with MassHealth billing guidance. Claims for the add-on codes should be billed with the HCPCS code on an outpatient UB form. While prior authorization is not required, claims will be subject to post-audit.

Submitting claims from Jan. 1, 2023 through Oct. 31, 2023

If you rendered a service between Jan. 1, 2023 and Oct. 31, 2023 which would have been eligible for any of the above-referenced nursing facility rate add-on codes, you may submit an outpatient UB claim with the appropriate add-on code by Jan. 31, 2024. While such claims will initially deny for timely filing, we will be running monthly reporting to override the denials and properly reimburse those claims. ▲

New ICD-10 code for HIV PrEP

Harvard Pilgrim Health Care Commercial | Tufts Health Direct | Tufts Health Plan Commercial

Point32Health would like to remind providers of our billing requirements regarding HIV pre-exposure prophylaxis (PrEP) medication, and to make sure you're aware of the availability of a new ICD-10 code specific to HIV PrEP.

As we communicated in the [September 2023](#) issue of Insights and Updates for Providers, the prescribing of HIV PrEP medication, as well as ongoing follow-up and monitoring and other related services, are considered preventive services and are required under the Patient Protection and Affordable Care Act to be covered with no cost sharing responsibility for the member when rendered by an in-network provider.

How to bill

When billing for PrEP and other HIV services for Tufts Health Plan members, providers should bill the appropriate CPT procedure code with the correct ICD-10 diagnosis code — or, for procedure codes not listed on the policy, if the claim is for an evidence-based service with a United States Preventive Services Task Force (USPSTF) A or B rating, the service may be identified by adding modifier 33 to the procedure code.

For Harvard Pilgrim commercial plans, these services must now be billed with the appropriate ICD-10 diagnosis code in addition to the procedure code in order to be reimbursed.

New ICD-10 code available for HIV PrEP

Please be aware that the Centers for Disease Control and Prevention recently released a new ICD-10 code specific to HIV PrEP. Going forward, please bill **Z29.81** to report an encounter for HIV pre-exposure prophylaxis.

As a reminder, you can refer to our Harvard Pilgrim [Patient Protection and Affordable Care Act \(Federal Health Care Reform\) policy](#) and Tufts Health Plan [Preventive Services Payment Policy](#) for billing guidance to ensure that no member cost sharing is inappropriately applied. ▲

New 2024 CPT and HCPCS codes

Uncategorized

Point32Health will accept new 2024 CPT and HCPCS codes for dates of service beginning Jan. 1, 2024 and will update our systems and policies as appropriate. Claims that include deleted CPT and HCPCS codes for dates of service after Dec. 31, 2023 will be denied.

Point32Health will be developing a new integrated payment policy for Non-Covered Services in the first quarter of 2024 and will include the 2024 code changes. In alignment with that work, we will be concurrently archiving Tufts Health Plan's [Noncovered/Nonreimbursable Services Payment Policy](#) and [Nonreimbursable Code List for Physicians Payment Policy](#), and the pertinent information from these policies will be found on the new integrated Point32Health policy. ▲

Point32Health 2024 fee schedule updates

Uncategorized

Point32Health's fee schedules — including facility, professional (medical and behavioral) and ancillary/allied — are reviewed regularly to ensure that they are comprehensive and consistent with industry standards.

Commercial professional fee schedules

Commercial professional schedules will continue to be updated in a manner consistent with prior years.

- For **Tufts Health Plan**, the updated fee schedules will become effective on Jan. 1, 2024.

- For **Harvard Pilgrim Health Care**, updates to the commercial physician fee schedules for 2024 will occur on April 1, 2024.

Due to the timing of contractual updates, Tufts Health Plan will continue to base Jan. 1, 2024 changes on the proposed CMS relative value units (RVUs)/rates, while Harvard Pilgrim will continue to apply the final CMS RVUs/rates to the April 1, 2024 scheduled updates.

Behavioral health fee schedules

- For both **Tufts Health Plan and Harvard Pilgrim**, the integrated behavioral health fee schedule will be updated on April 1, 2024. ▲

Integrated payment policies and POS code update

All products

Point32Health continues to streamline processes and policies for greater alignment of our legacy Harvard Pilgrim Health Care and Tufts Health Plan brands. To that end, we've developed the following integrated Point32Health payment policies; as a result, the previous legacy policies have been retired, and the pertinent information can be found on the new integrated versions:

- **Early Intervention Payment Policy** ([Harvard Pilgrim website](#), [Tufts Health Plan website](#)): Replacing the Harvard Pilgrim Early Intervention Payment Policy and Tufts Health Plan Early Intervention Payment Policy, effective Nov. 1, 2023
- **Podiatry Payment Policy** ([Harvard Pilgrim website](#), [Tufts Health Plan website](#)): Replacing the Harvard Pilgrim Podiatry Payment Policy and Tufts Health Plan Professional Podiatry Payment Policy, effective Nov. 1, 2023
- **Limited Services Payment Policy** ([Harvard Pilgrim website](#), [Tufts Health Plan website](#)): Replacing the Harvard Pilgrim Limited Service Provider – Retail Medicine Payment Policy and Tufts Health Plan Limited Services Clinics Payment Policy, effective Nov. 1, 2023. As outlined in the policy, all limited-service providers, including walk-in retail clinics, should bill using place of service (POS) code 17. Claims submitted without POS 17 may be denied.
- **Urgent Care Payment Policy** ([Harvard Pilgrim website](#), [Tufts Health Plan website](#)): Replacing the previous Harvard Pilgrim-only policy and will apply for all Harvard Pilgrim and Tufts Health Plan lines of business, effective Nov. 1, 2023. As a reminder, when billing for urgent care services on a CMS 1500 or 837P claim form, please use place of service code 20 (Urgent Care) in addition to the appropriate procedure code

Please note that alignment of payment policies may or may not affect existing claims processing and/or provider reimbursement; substantial changes to these processes will continue to be communicated with advance notice. In many cases, alignment of payment policies is a matter of merging existing information into one cohesive Point32Health policy, with no change in billing or reimbursement rules or requirements. ▲

Model of Care Training

Tufts Health Plan Senior Care Options

Tufts Health Plan Senior Care Options (SCO) PCPs and high-volume specialists are required by the Commonwealth of Massachusetts and CMS to complete the Annual SCO Model of Care Training by Jan. 30, 2024. This [training](#), which is available on our Point32Health provider website, provides updates on Tufts Health Plan SCO's Care Management Program, care coordination policies and procedures and the role PCPs and specialists play within them.

Following the training, you will be asked to attest to your participation in the training and complete our [satisfaction survey](#). Our valued providers' opinions matter, and your feedback helps us improve services administered to both providers and members. ▲

Senior Products: 2024 formulary coverage changes

Point32Health Senior Products

Point32Health is incorporating a number of updates to our Medicare Advantage/Senior Products drug formularies for the 2024 plan year. These updates are summarized below, along with the Harvard Pilgrim and/or Tufts Health Plan Medicare products for which each change applies.

Drugs moving to non-covered status

Tufts Health Medicare Preferred HMO/PPO, Tufts Medicare Preferred Prescription Drug Plan, Tufts Medicare Preferred HMO Employer Group, Tufts Health Senior Care Options (SCO), Tufts Health Unify (soon to be Tufts Health One Care), Harvard Pilgrim StrideSM (HMO)(HMO-POS) Medicare Advantage

Effective for fill dates on or after Jan. 1, 2024, Point32Health will no longer cover certain drugs, including drugs with interchangeable generics or therapeutic alternatives, for our Medicare Advantage/Senior Products members. Refer to [this document](#) for the list of drugs moving to non-covered status.

For members currently taking these drugs, coverage will continue without disruption through Dec. 31, 2023. If you are a prescribing provider and you wish for a member to continue taking a drug on this list, you'll need to submit a formulary exception request.

All members currently utilizing the following select drugs will be grandfathered for 2024 to ensure that there is no member impact or disruption to their therapy.

- Jyanrque
- Taltz
- Ocaliva
- Cresemba
- Apomorphine injection
- Xywav
- Mavenclad

Drugs moving to a higher tier

Tufts Health Medicare Preferred HMO/PPO, Tufts Medicare Preferred Prescription Drug Plan, Tufts Medicare Preferred HMO Employer Group, Harvard Pilgrim StrideSM (HMO)(HMO-POS) Medicare Advantage

For fill dates beginning Jan. 1, 2024, certain drugs will be moving to a higher tier for the plans indicated above. The associated list of drugs and tiers varies by product — please review the applicable list for each given product for complete information:

- [Tufts Health Medicare Preferred HMO/PPO](#)
- [Tufts Medicare Preferred Prescription Drug Plan](#)
- [Harvard Pilgrim Stride](#)

For members currently taking these drugs, their current coverage will continue unchanged through Dec. 31, 2023.

If an impacted patient cannot afford the new copay, please refer to the formulary for potential therapeutic alternatives at lower tiers. If the available alternatives are not clinically appropriate, a tier exception can be requested and will be reviewed in accordance with CMS regulations, as not all drugs are eligible for tier exceptions.

Addition of prior authorization requirements

Tufts Health Medicare Preferred HMO/PPO, Tufts Medicare Preferred Prescription Drug Plan, Tufts Medicare Preferred HMO Employer Group, Tufts Health Plan Senior Care Options, Tufts Health Unify (soon to be Tufts Health One Care), and Harvard Pilgrim StrideSM (HMO)(HMO-POS) Medicare Advantage

Point32Health will require prior authorization for the glucagon-like peptide-1 (GLP-1) class of drugs for 2024, which includes Byetta, Bydureon, Ozempic, Trulicity, Mounjaro, Rybelsus, and Victoza.

Please keep in mind that the prescribing and utilization of these medications for weight loss is considered inappropriate, and is not allowed by the Centers for Medicare and Medicaid Services.

Members with a confirmed diagnosis of type 2 diabetes mellitus in Point32Health's medical system will be grandfathered for 2024, and will not need to obtain a prior authorization. Members without this diagnosis who want to continue coverage will need to obtain a prior authorization, which will only be eligible for approval if they have a Part D covered indication.

Members who will not be grandfathered for 2024 will be notified.

Please note that Tufts Medicare Preferred Prescription Drug Plan and Tufts Medicare Preferred Employer Group members have coverage for some weight loss drugs as a supplemental benefit. Tufts Health Plan Senior Care Options and Tufts Health One Care will have weight loss drug coverage for 2024 under their Medicaid benefit.

Preferred product change for long-acting muscarinic agonists

Tufts Health Medicare Preferred HMO/PPO, Tufts Medicare Preferred Prescription Drug Plan, Tufts Medicare Preferred HMO Employer Group, Tufts Health Plan Senior Care Options, Tufts Health Unify (soon to be Tufts Health One Care), and Harvard Pilgrim StrideSM (HMO)(HMO-POS) Medicare Advantage

The following changes will apply for respiratory products in the long-acting muscarinic agonists class of drugs, effective Jan. 1, 2024 for the plans listed above:

- Spiriva Handihaler and its generic are moving to non-formulary (Spiriva Handihaler may still be available, when appropriate, through the formulary exception process)
- Incruse Ellipta will be added to Tier 3 as the preferred formulary alternative (exception: it will remain Tier 1 for Tufts Health Plan Senior Care Options (SCO), as SCO has a 1-tier formulary)
- Spriva Respimat will remain on the formulary at Tier 3 for 2024 (exception: it will be Tier 1 for Tufts Health Plan Senior Care Options (SCO), as SCO has a 1-tier formulary)
- Point32Health will notify affected members and providers and provide a list of covered formulary alternatives to Spiriva Handihaler to Incruse Ellipta

Enhanced coverage for select Part D-excluded drugs

Tufts Health Medicare Preferred HMO/PPO

For fill dates beginning Jan. 1, 2024, we're adding coverage for the following select erectile dysfunction drugs, vitamins and minerals, and cough and cold products typically excluded by Medicare Part D. (A quantity limit of 4 tabs per 30 days will be placed on erectile dysfunction drugs.)

Drug	Tier
BENZONATATE CAP	2
CYANOCOBALAM INJ	2
FOLIC ACID TAB	1
HYD POL/CPM SUS	2
HYDROC/HOMAT TAB	2
PROMETH VC/ SYP CODEINE	2
PROMETH/COD SOL	2
SILDENAFIL CITRATE TAB	2

Drug	Tier
TADALAFIL TAB	2
VARDENAFIL TAB	2
VARDENAFIL TAB ODT	2
VITAMIN D CAP	1

Preferred continuous glucose monitors

Tufts Health Medicare Preferred HMO/PPO, Tufts Medicare Preferred Prescription Drug Plan, Tufts Medicare Preferred HMO Employer Group, Tufts Health Plan Senior Care Options, Tufts Health Unify (soon to be Tufts Health One Care), and Harvard Pilgrim StrideSM (HMO)(HMO-POS) Medicare Advantage

Freestyle and Dexcom continuous glucose monitoring products will be preferred at parity for 2024. Prior authorization will continue to be required for these products. ▲

New and updated Medical Necessity Guidelines

All products

Effective for dates of service beginning Jan. 1, 2024, Point32Health has developed some new Medical Necessity Guidelines (MNGs), and made updates to existing ones.

New MNG for Noncovered Investigational Services

In the interest of our ongoing integration work as a combined organization, Point32Health is continually assessing opportunities for further alignment of clinical policies and processes, including coverage and coding. In support of this work, we've merged our existing Harvard Pilgrim New Technology Assessment and Non-Covered Services Medical Necessity Guidelines and Tufts Health Plan Noncovered Investigational Services Medical Necessity Guidelines into one new, combined policy: Point32Health Noncovered Investigational Services Medical Necessity Guidelines ([Harvard Pilgrim](#), [Tufts Health Plan](#)).

With the creation of the combined MNG, effective Jan. 1, we are making extensive coding updates to streamline the provider experience related to our legacy Harvard Pilgrim and Tufts Health Plan products. For each line of business, a number of codes will no longer be covered, some will be newly covered, some codes will be removed because they are no longer relevant, etc. Please refer to the new MNG for complete information.

New MNG for home accessibility adaptations

We've developed new medical necessity guidelines related to home accessibility adaptations for Tufts Health Together, Tufts Health Unify ([soon to be Tufts Health One Care](#)), and Tufts Health Plan Senior Care Options (SCO).

Home accessibility adaptations — which are reported using HCPCS code S5165 (Home modification, per service) and will require prior authorization — are physical modifications to a patient's home that are necessary to ensure the health, welfare, and safety of the patient or that enable the patient to function with greater independence in the home, as defined by the Commonwealth of Massachusetts Program Regulations for Home- and Community-Based Services, 130 CMR 630.000.

Please refer to the newly developed Medical Necessity Guidelines for [Home Accessibility Adaptations](#) for complete clinical coverage criteria, limitations, and other information.

Behavioral health level of care updates

Point32Health utilizes InterQual criteria, as well as criteria from the American Society of Addiction Medicine (ASAM) for determining medical necessity for behavioral health levels of care. We're expanding the use of those criteria to apply for a number of other services.

For complete information on which criteria will apply for which services/products, please refer to our updated Medical Necessity Guidelines for Behavioral Health Inpatient and 24 Hour Level of Care Determinations ([Harvard](#)

[Pilgrim, Tufts Health Plan](#)) and Behavioral Health Level of Care for Non-24 Hour/Intermediate/Diversionary Services ([Harvard Pilgrim, Tufts Health Plan](#)).

Point32Health medical drug program updates

Uncategorized

Updates to existing prior authorization programs			
Drug	Products affected	Effective date	Policy & Additional Information
Avastin, Alymsys, Vegzelma	Tufts Health Plan Commercial, Tufts Health Direct, Tufts Health RITogether, Tufts Health Together	Jan. 1, 2024	Bevacizumab Products
Botox, Dysport, Myobloc, Xeomin	Harvard Pilgrim commercial, Tufts Health Plan commercial, Tufts Health Direct, Tufts Health RITogether	Jan. 1, 2024	Botulinum Toxins (Harvard Pilgrim , Tufts Health Plan)
Elelyso	Harvard Pilgrim commercial, Tufts Health Plan commercial, Tufts Health Direct	Jan. 1, 2024	Cerezyme Elelyso VPRIV (Harvard Pilgrim , Tufts Health Plan)
Herceptin, Herceptin Hylecta, Herzuma, Ogivri, Ontruzant	Harvard Pilgrim commercial, Tufts Health Plan commercial, Tufts Health Direct, Tufts Health Together, Tufts Health RITogether	Jan. 1, 2024	Trastuzumab Products (Tufts Health Plan) OncoHealth's Harvard Pilgrim Trastuzumab policy found here
Riabni, Rituxan, Rituxan Hycela, Ruxience, Truxima	Harvard Pilgrim commercial, Tufts Health Plan commercial, Tufts Health Direct, Tufts Health Together, Tufts Health RITogether	Jan. 1, 2024	Rituximab Products for Non-oncology Indications (Harvard Pilgrim commercial) Rituximab Products for Non-oncology Indications (Tufts Health Plan commercial , Tufts Health Direct) Rituximab Products (Tufts Health Together , Tufts Health RITogether) Rituximab Products for Oncology Indications (Tufts Health Plan commercial , Tufts Health Direct) OncoHealth's Harvard Pilgrim Rituximab policy found here



Pharmacy coverage changes

[Harvard Pilgrim Health Care Commercial](#) | [Tufts Health Direct](#) | [Tufts Health Plan Commercial](#) | [Tufts Health RITogether](#)

Quantity limitations

Effective for fill dates on or after Jan. 1, 2024, Harvard Pilgrim commercial, Tufts Health Plan commercial, and Tufts Health Direct formularies will have new or updated quantity limitations for the following medications. For a member to receive coverage for quantities above the new or updated limit, the prescribing provider must request coverage

through the medical review process subject to the Pharmacy Medical Necessity Guidelines for Drugs with Quantity Limitations.

Anti-emetics (i.e., aprepitant, Akynzeo, scopolamine transdermal patch, Sancuso, Varubi)	GLP-1 agonists (i.e., Ozempic, Saxenda)
Anti-infectives and antivirals (i.e., Coartem, oseltamivir capsule and suspension, Relenza Diskhaler, Sitavig, Sivextro, Xifaxan 200mg and 550mg)	Long-acting colony stimulating factors (e.g., Neulasta)
Breztri Aerosphere	Long-acting stimulants (e.g., amphetamine-dextroamphetamine extended-release)
Diabetes supplies (i.e., Freestyle Libre 14 day sensors, Freestyle Libre 2 sensors, and Freestyle Libre 3 sensors, On Call Express blood glucose test strips)	Pirfenidone
Epinephrine autoinjectors	Radicava ORS
Evrysdi	Triptans (e.g., sumatriptan)

Drug status changes

The following changes apply to Harvard Pilgrim commercial products, Tufts Health Plan commercial products, and Tufts Health Direct, and are effective for fill dates on or after Jan. 1, 2024:

Drugs moving to non-formulary status	
Drug name	Impacted formularies
ProAir Respiclick Ventolin HFA Flovent HFA & Flovent Diskus Advair Diskus Bonjesta Doryx MPC 120mg Relistor injection Amitiza Bevespi Aerosphere Utibron Neohaler Clobetasol 0.05% emulsion foam Clo cortolone 0.1% cream Desonide 0.05% gel Desoximetasone 0.05% cream, gel, ointment Diflorasone 0.05% cream, emollient cream (Apexicon E), ointment Fluocinolone 0.01% and 0.025% cream Flurandrenolide 0.05% cream, lotion, ointment, 4mcg/cm tape (Cordran) Fluticasone 0.05% lotion Halcinonide 0.1% cream Hydrocortisone 2% lotion (Ala-Scalp) Hydrocortisone 2.5% solution (Texacort) Prednicarbate 0.1% cream Triamcinolone 0.05% ointment azathioprine 75mg and 100mg Diclofenac 25mg tablet	Value, Premium, CoreNH, and Direct
Trulance Lupron Depot Amcinonide 0.1% cream, lotion, ointment Hydrocortisone butyrate 0.1% cream, lotion, lipo base cream, ointment, solution	Value, Premium, and Direct

Drugs moving to non-formulary status	
Drug name	Impacted formularies
Relistor tablet Ultravate 0.05% lotion Pandel 0.1% cream Hydrocortisone butyrate 0.1% lotion Epifoam Enstilar	Premium
Plegridy Rebif Amcinonide 0.1% lotion, ointment Hydrocortisone butyrate 0.1% lotion, lipo base cream, ointment, solution	CoreNH
Multisource brands moving to non-formulary status	
Drug name	Impacted formularies
Aczone Gel Alphagan P 0.1% solution Amitiza Azasan Bidil Chantix tablets and packs Cytomel Daliresp Daytrana patches Denavir cream Depakote Sprinkle capsules and ER tablets Dilantin chewable tablets, capsules, and suspension Divigel Epipen and Epipen-JR injection Esbriet capsule and tablets Ferriprox tablets Gilenya Glucagon Kit 1mg Hetlioz capsules Iressa Lanoxin tablets Latuda Mirvaso gel Naprelan CR Nexavar tablets Noxafil suspension and packet Pentasa CR Suprep Bowel Sol Prep Kit Targretin gel Tazorac gel Toviaz Vascepa Viibryd tablets Vimpat solution Zenzedi Zioptan drops	Value, Premium, CoreNH, and Direct
Aubagio	Value, Premium, and Direct

Drugs moving to higher tier	
Drug name	Impacted formularies
Aprepitant capsules and packet Griseofulvin tab and suspension Alclometasone 0.05% cream, ointment Betamethasone dipropionate augmented 0.05% gel, ointment Betamethasone valerate 0.1% lotion Desoximetasone 0.25% spray Fluocinolone 0.025% ointment Fluocinonide 0.05% emulsified cream Halobetasol 0.05% cream Prednicarbate 0.1% ointment Betamethasone dipropionate 0.05% ointment Betamethasone valerate 0.12% foam Clobetasol 0.05% cream (emollient), lotion, shampoo, spray Desonide 0.05% cream, lotion Hydrocortisone valerate 0.2% ointment Triamcinolone 0.147 mg/g spray	Value, Premium, CoreNH, and Direct
Calcipotriene-betamethasone dipropionate ointment 0.005-0.064%	Premium
Amcinonide 0.1% cream Hydrocortisone butyrate 0.1% cream	CoreNH
Drugs moving to excluded status	
Drug name	Impacted formularies
Urea cream 39% Urea lotion 40% Urea cream 41% Sulfacetamide sodium w/ sulfur 10-5% suspension Sulfacetamide sodium w/ sulfur 10-5% lotion Selenium sulfide 2.25% shampoo	Value, Premium, CoreNH, and Direct
Pramosone 2.5% ointment	Premium

Changes to existing prior authorization programs

Updates to existing prior authorization programs			
Drug	Plan	Eff. date	Policy & additional information
Adhansia XR, Dexmethylphenidate ER, Dynavel XR oral solution/ chewable tablet, Evekeo ODT, lisdexamfetamine capsule, methylphenidate ER (Ritalin LA) 10 mg and 60 mg capsule, methylphenidate transdermal, Quillivant XR,	Tufts Health RITogether	Jan. 1, 2024	CNS Stimulant Medications
Quantity Limit Exceptions	Harvard Pilgrim Health Care commercial, Tufts Health Plan commercial, Tufts Health Direct	Jan. 1, 2024	Quantity Limit Exceptions (Harvard Pilgrim , Tufts Health Plan)

Updates to existing prior authorization programs			
Drug	Plan	Eff. date	Policy & additional information
Armodafinil, Modafinil	Tufts Health RITogether	Jan. 1, 2024	Analeptic CNS Stimulants: Armodafinil and Modafinil
Asmanex HFA Asmanex Twisthaler	Harvard Pilgrim Health Care commercial, Tufts Health Plan commercial, Tufts Health Direct	Jan. 1, 2024	Asmanex Step Therapy (Harvard Pilgrim , Tufts Health Plan)
Auvelity, desvenlafaxine, Drizalma, Emsam, Fetzima, fluoxetine tablet, fluvoxamine ER capsule, imipramine pamoate, olanzapine/ fluoxetine, paroxetine 7.5 mg capsule, paroxetine ER tablet, protriptyline, trimipramine, Trintellix, venlafaxine ER tablet, vilazodone	Tufts Health RITogether	Jan. 1, 2024	Antidepressant Medications
Drug status changes			
Drug	Plan	Eff. date	Policy & additional information
Aimovig (ereenumab-aooe)	Tufts Health RITogether	Jan. 1, 2024	Pharmacy Products Without Specific Criteria Aimovig is moving to noncovered status. Prior authorization will be required for new and existing utilizers.
Alvesco (ciclesonide)	Tufts Health RITogether	Jan. 1, 2024	Pharmacy Products Without Specific Criteria Alvesco is moving to noncovered status. Prior authorization will be required for new and existing utilizers. Arnuity Ellipta (fluticasone furoate inhalation powder) and Qvar Redihaler (beclomethasone dipropionate) will continue to be covered without prior authorization. Effective Jan. 1, 2024, generic fluticasone propionate HFA will be covered without prior authorization.
Basaglar (insulin glargine) KwikPen	Tufts Health RITogether	Jan. 1, 2024	Pharmacy Products Without Specific Criteria Basaglar KwikPen is moving to noncovered status. Prior authorization will be required for new and existing utilizers. Effective Jan. 1, 2024, insulin glargine-yfgn vial and pen will be covered without prior authorization. Insulin glargine-yfgn is not interchangeable with Basaglar, and therefore a new prescription will be required.



Preferred oncology biosimilars for 2024

Harvard Pilgrim Health Care Commercial | Tufts Health Direct |
Tufts Health Plan Commercial | Tufts Health RITogether | Tufts Health Together

Effective for fill dates on or after Jan. 1, 2024, Point32Health is making some updates to unify our medical oncology biosimilar strategy across product lines, and we want to provide you with a breakdown of what the preferred products will be for the bevacizumab, rituximab, and trastuzumab drug classes. As a reminder, all non-preferred oncology biosimilars will require prior authorization.

Bevacizumab drug class

Our medical oncology biosimilar strategy for the bevacizumab drug class is not changing for any of our Harvard Pilgrim or Tufts Health Plan products. As is the case today, Mvasi and Zirabev will continue to be the preferred products in this class. All other bevacizumab products will be considered non-preferred, and will require prior authorization.

Rituximab drug class

Currently, the preferred rituximab biosimilars for Harvard Pilgrim commercial, Tufts Health Plan commercial, and Tufts Health Direct are Ruxience and Truxima. For Tufts Health Together and Tufts Health RITogether, the current preferred biosimilars are Riabni, Ruxience, and Truxima.

As of Jan. 1, while Tufts Health Together and Tufts Health RITogether will see a change, the other products mentioned will not; Point32Health's preferred rituximab biosimilars will be Ruxience and Truxima.

Trastuzumab drug class

Today, the preferred trastuzumab biosimilars for Harvard Pilgrim commercial, Tufts Health Plan commercial, and Tufts Health Direct are Kanjinti, Trazimera and Ogivri.

The current preferred biosimilars for Tufts Health Together and Tufts Health RITogether are Herzuma, Ontruzant, Trazimera, Kanjinti, and Ogivri.

Beginning Jan. 1, the preferred trastuzumab biosimilars for all aforementioned products will be Kanjinti and Trazimera.

For complete details, including information about medical oncology biosimilar strategies and any other updates for Jan. 1, please refer to the following Medical Necessity Guidelines:

- [Tufts Health Plan Bevacizumab](#)
- [Tufts Health Plan Trastuzumab](#)
- Tufts Health Plan Rituximab ([commercial](#), [Tufts Health Direct](#))
- Tufts Health Plan Rituximab ([Tufts Health Together](#), [Tufts Health RITogether](#))
- For Harvard Pilgrim's commercial clinical criteria for Bevacizumab, Trastuzumab, and Rituxan products, refer to the [Harvard Pilgrim Prior Authorization Policies page](#) on OncoHealth's website.



MassHealth updates to Unified Formulary

Tufts Health Together - MassHealth MCO Plan and ACPPs

MassHealth recently announced the following updates to the MassHealth Unified Formulary, effective Jan. 2, 2024. The table below outlines these changes, which include pharmacy products and medical drugs being added to the MassHealth Drug List, as well as new and updated prior authorization programs.

Tufts Health Together-MassHealth MCO Plan and ACPs, in conjunction with the other managed care organizations (MCOs) in the Commonwealth, utilize MassHealth’s Unified Formulary for pharmacy medications and select medical benefit drugs. Consequently, the pharmacy coverage and criteria for Tufts Health Together mirror that of MassHealth.

Please keep in mind that updated coverage and criteria will be available on the [MassHealth Drug List \(MHDL\)](#) on or after the effective date.

Adding to MHDL	Daybue (PA), Elfabrio (PA), Jaypirca (PA), Joenja (PA),
Adding prior authorization	Brimonidine/timolol ophthalmic solution, Lumigan, omeprazole/sodium bicarbonate suspension, penciclovir
Therapeutic class tables being updated	Anti-Allergy and Anti-Inflammatory Agents – Ophthalmic, Antibiotics and Anti-Infectives, Antidiabetic Agents, Antiglaucoma Agents – Ophthalmic, Antiviral Agents, Gastrointestinal Drugs – Histamine H2 Antagonists, Osteoporosis and Bone Metabolism Agents, Proton Pump Inhibitors, and Miscellaneous Gastroesophageal Reflux Agents, Headache Therapy, Immunological Agents, Respiratory Agents – Inhaled
Adding Quantity Limit	Byetta, Trulicity, Victoza
Drugs being locked to the medical benefit (utilization management restrictions may apply)	Hemgenix, Omisirge
Drugs being removed from MassHealth brand over generic list (utilization management restrictions for generic noted in parentheses)	Combigan (PA), Denavir (PA), Glumetza (PA), Imitrex nasal spray (QL), Miocalcin injection (PA), Restasis, Zegerid suspension (PA), Zyvox suspension (PA)



Coverage updates – inhaled corticosteroids

Tufts Health Together

As we outlined in last month’s issue of Insights and Updates for Providers, brand name Flovent HFA (fluticasone propionate) and Flovent Diskus will be discontinued at the end of 2023.

Given this change in product availability, MassHealth will be making coverage updates in the inhaled corticosteroid inhaler class as part of the December rollout (effective Dec. 4, 2023):

- Brand Flovent HFA and Flovent Diskus will continue to be covered without prior authorization. Members can fill brand Flovent HFA and brand Flovent Diskus until the supply runs out.
 - Members already stable on brand Flovent inhalers may use generic fluticasone inhalers until March 4, 2024, at which point all utilizers of generic fluticasone inhalers will require prior authorization.
- Generic Flovent HFA and generic Flovent Diskus will not be preferred and will require prior authorization.
 - Approval criteria for generic Flovent will require documentation of an asthma diagnosis and trial and failure with at least two inhaled corticosteroids available without prior authorization.
- Arnuity Ellipta (fluticasone furoate inhalation powder) will no longer require prior authorization. Asmanex HFA (mometasone inhalation aerosol), Asamanex Twisthaler (mometasone inhalation powder) and Pulmicort Flexhaler (budesonide inhalation powder) will continue to be covered without prior authorization.



Other 2024 Pharmacy program updates

[Harvard Pilgrim Health Care Commercial](#) | [Tufts Health Direct](#) | [Tufts Health Plan Commercial](#)

Point32Health is implementing the following 2024 Pharmacy updates, which are applicable to our Harvard Pilgrim commercial, Tufts Health Plan commercial, and Tufts Health Direct products.

New step therapy programs

Effective for fill dates on or after Jan. 1, 2024, we are instituting a step therapy requirement for fluticasone propionate HFA inhalation, as well as Motegrity (prucalopride) tablet.

Before being prescribed fluticasone propionate HFA inhalation, members will need to have first attempted treatment with the preferred agents Qvar RediHaler, Arnuity Ellipta, and Pulmicort Flexhaler. This step therapy program applies to members 7 years of age or older. For these requests, the prescribing provider must request coverage through the medical review process subject to the pharmacy medical necessity guidelines for Fluticasone propionate HFA Step Therapy Program ([Harvard Pilgrim](#), [Tufts Health Plan](#)).

In order to be covered for Motegrity, members will need to have first tried and failed treatment with the preferred agents lubiprostone and Linzess. This coverage change applies to members initiating a new course of treatment; those who are already taking this drug during their current course of treatment will be able to continue to do so without prior authorization. To request an exception, the prescribing provider must request coverage through the medical review process subject to the pharmacy medical necessity guidelines for Motegrity (prucalopride) Step Therapy Program ([Harvard Pilgrim](#), [Tufts Health Plan](#)).

Inhaler coverage update for young pediatrics

On Dec. 31, 2023, the Flovent HFA and Flovent Diskus inhalers will be discontinued and moved to non-formulary status. Alternative covered inhalers on our formulary include Arnuity Ellipta, Pulmicort Flexhaler, and Qvar Redihaler.

However, we will continue to cover the authorized fluticasone propionate HFA inhaler for young pediatric members up to 6 years of age who require access to an HFA formulation. Fluticasone propionate HFA inhalation is covered for members up through age 6. Once the member turns 7, step therapy will apply. Please consider prescribing one of the preferred inhalers listed above for members 7 and older.

In order for a member 7 years of age or older to receive coverage for the authorized generic fluticasone propionate HFA inhaler, the prescribing provider must request coverage through the medical review process subject to the pharmacy medical necessity guidelines for Fluticasone propionate HFA Step Therapy Program ([Harvard Pilgrim](#), [Tufts Health Plan](#)).

Aspirin coverage update

Beginning Jan. 1, 2024, we're making changes to our Aspirin coverage, in accordance with recommendations from the U.S. Preventive Services Task Force.

Aspirin 81mg formulations will be excluded from coverage for members under age 12 and older than 51. While Aspirin 81mg will remain covered in full for members ages 12 through 51, all other formulations of aspirin greater than 81mg (all strengths) will be excluded from coverage. ▲

Provider directory attestation for facilities

[Harvard Pilgrim Health Care](#)

Provider directories are an important resource for health care consumers, who utilize them to select providers, make appointments, and access care. In accordance with the No Surprises Act of 2021, providers should review and revalidate their information every 90 days to ensure accuracy of the Provider Directory. Failure to review and update information at least quarterly may result in directory suppression until such information is validated.

A new attestation form for facilities is available on [HPHConnect](#) to confirm that your information is correct. Please complete this attestation form every 90 days to avoid directory suppression. A reminder will be posted on HPHConnect when your attestation is due. For step-by-step instructions on how to complete the attestation form, please refer to the [Completing the Provider Attestation User Guide](#).

For more information, please refer to the [commercial](#) and [StrideSM \(HMO/HMO-POS\) Medicare Advantage](#) Directory Accuracy and Suppression of Unverified Provider Information policies (formerly titled Directory Accuracy and Location Suppression). ▲

Point32Health's access to care standards

All products

One of Point32Health's fundamental priorities is ensuring the best possible access to care for the members we serve through our Harvard Pilgrim Health Care and Tufts Health Plan products. To that end, we maintain policies for our Tufts Health Plan and Harvard Pilgrim plans that outline network practitioner standards regarding clinician availability, timeliness of appointments, and telephone accessibility, among other things.

Please refer to the policies identified below to review these standards and requirements.

Harvard Pilgrim Health Care:

- [Practice Site Standards](#) policy, Network Operations & Care Delivery Management section of our commercial Provider Manual
- [Access to Care](#) policy, StrideSM (HMO)/(HMO-POS) Medicare Advantage Provider Manual

Tufts Health Plan:

- Medical Care Access Standards for Primary Care Offices section of the [Providers chapter](#) of the Commercial Provider Manual
- Provider Access Standards section of the [Providers chapter](#) of our Tufts Health Public Plans Provider Manual
- Medical Care Access Standards for Primary Care section of the [Providers chapter](#) of our Senior Products Provider Manual. ▲

Identifying alternate providers when terminating from the network

[Harvard Pilgrim Stride \(HMO\) Medicare Advantage](#) | [Tufts Health Plan Senior Care Options](#) | [Tufts Health Unify](#) | [Tufts Medicare Preferred](#)

When a provider terminates from a Medicare Advantage Organization's network, the Centers for Medicare & Medicaid Services (CMS) now requires that the organization share a list of alternate in-network providers with members who were receiving treatment from the terminating provider to ensure continued care.

As a reminder, provider terminations must be submitted to Point32Health with advance notice per contractual terms and policies. Upon submitting a provider termination notice to Point32Health, please identify two alternate providers within the practice who are available to members. Include the following information in the provider termination request:

- Alternate provider names
- Alternate provider NPIs
- Alternate provider phone numbers

If no alternate providers are available within the practice, please work with your physician organization to identify the alternates. Point32Health will select alternate providers to share with the member if none are identified in the termination request. ▲

Point32Health PPACA coverage alignment

Harvard Pilgrim Health Care Commercial

Harvard Pilgrim Health Care and Tufts Health Plan maintain policies to outline coverage and services for preventive care, in accordance with provisions of the Patient Protection and Affordable Care Act (PPACA). Members are entitled to receive full coverage for preventive care services identified on these policies, with no cost-sharing responsibility, when these services are rendered by an in-network provider.

Effective Jan. 1, 2024, we are making some coding/coverage updates to align processes across legacy products. While coverage for Tufts Health Plan will remain as it is today, the following codes will no longer be covered under the PPACA/preventive services benefit for Harvard Pilgrim commercial members:

- Cervical cancer screening codes 88160, 88161, and 88162
- Rh blood typing codes 80055 and 80081

For complete information — including billing guidelines, procedure and diagnosis coding information related to preventive services and immunizations, and more — please refer to Harvard Pilgrim’s updated [Patient Protection and Affordable Care Act \(Federal Health Care Reform\) policy](#), as well as [Tufts Health Plan’s Preventive Services Policy](#). ▲

Complex Care Management services

Harvard Pilgrim Health Care Commercial | Harvard Pilgrim Stride (HMO) Medicare Advantage | Tufts Health Plan Commercial | Tufts Health Public Plans | Tufts Medicare Preferred

Point32Health’s Care Management Department provides care management services to help adult and pediatric members attain optimal health and achieve greater self-reliance in managing their health care. Our care managers provide systematic coordination and assessment of services using evidence-based clinical guidelines.

Point32Health’s complex care managers partner with community health workers, behavioral health care managers, and pharmacists to help coordinate care and access to services for members with multiple complex conditions.

These programs assist members with conditions such as chronic kidney disease, cancer, congestive heart failure, COPD, dementia, heart disease, asthma, diabetes, and a variety of rare diseases — as well as behavioral health conditions like depression/anxiety and serious and persistent mental illness (SPMI). Care managers help patients avert the need for more intensive medical services by providing them with information tailored to their needs and stage of readiness. Comprehensive whole person management allows for integration and support for the member’s total medical care and treatment plan through intensive care management.

Care management programs are available to members identified through:

- Algorithms based on medical, pharmacy, and/or radiology claim analysis
- Hospital discharge data
- Provider and case manager referral
- Self-referral
- Health risk appraisal

For more information about Point32Health’s Complex Care Management programs, including how to refer patients, email requests_for_care_management@point32health.org or call 866-750-2068 for the Harvard Pilgrim platform; email Priority_Care_Referrals@point32health.org or call 888-766-9818 ext. 53532 for the Tufts Health Plan platform. In addition:

- For MA care management referrals, email MA_CM_Referrals@point32health.org
- For RI behavioral health intensive clinical management referrals, email RI_ICM_Referrals@point32health.org

Members who wish to speak with a care manager can do so by calling the appropriate number below:

- Tufts Health Plan commercial: 888-766-9818 (TTY: 711), ext. 53532
- Tufts Health RITogether: 866-738-4116
- Tufts Health Together and Tufts Health Direct: 888-257-1985

**Editor's note: We have updated this article to update the presentation of contact information.*



About Our Chronic Condition Management Programs

[Harvard Pilgrim Health Care Commercial](#) | [Harvard Pilgrim Stride \(HMO\) Medicare Advantage](#) | [Tufts Health Plan Commercial](#) | [Tufts Medicare Preferred](#)

Point32Health takes a comprehensive approach to chronic condition management, focusing on patient-centered care that coordinates resources across the health care delivery system and throughout the life cycle of a disease. Point32Health's chronic condition management programs include a range of components specifically designed to reinforce clinicians' treatment plans.

These programs assist patients with conditions such as asthma, COPD, heart failure, and diabetes by helping them better understand their condition, giving them new information about their disease, and providing them with assistance from clinical health educators and pharmacists who can help them manage their disease.

Patients identified as having a chronic condition such as diabetes, heart failure, or asthma are enrolled in chronic condition management programs through the following:

- Referrals by their physicians, case managers, and specialty care providers
- Medical and pharmacy claims analysis that identifies patients with appropriate diagnoses
- Self-referral
- Health risk appraisal

To enroll a Point32Health commercial member into one of our programs, email requests_for_care_management@point32health.org or call 866-750-2068 for the Harvard Pilgrim platform; email Priority_Care_Referrals@point32health.org or call 888-766-9818 ext. 53532 for the Tufts Health Plan platform. In addition:

- For MA care management referrals, email MA_CM_Referrals@point32health.org
- For RI behavioral health intensive clinical management referrals, email RI_ICM_Referrals@point32health.org

Members who wish to speak with a care manager can do so by calling the appropriate number below:

- Tufts Health Plan commercial: 888-766-9818 (TTY: 711), ext. 53532
- Tufts Health RITogether: 866-738-4116
- Tufts Health Together and Tufts Health Direct: 888-257-1985

**Editor's note: We have updated this article to update the presentation of contact information.*

***Insights and Updates for Providers* is a monthly newsletter for the network of Point32Health, the parent company of Harvard Pilgrim Health Care and Tufts Health Plan.**

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